DOCUMENT RESUME

ED 052 044 SE 011 383

TITLE	Situation Report - El Salvador, Republic of Korea, and South Africa.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	71
NOTE	19p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	Contraception, Demography, *Family Planning, *Foreign Countries, *Population Trends, Programs, Resource Materials, Social Welfare, *Statistical Data

ABSTRACT

Data relating to population and family planning in three foreign countries are presented in these situation reports. Countries included are El Salvador, Republic of Korea, and South Africa. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communications/education, and medical/social welfare. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, and government programs. Bibliographic sources are given. (BL)

Situation Report

Distribution LIMITED

Country EL SALVADOR Date MARCH, 1971.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

ED052044

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA[1.]			21,393 sq.kms.
TOTAL POPULATION		2,510,984 (1961)[1.]	3,328,458 (June 1969)[2.]
POPULATION GROWTH RATE		3.3% (1960)[1.]	3.4% (1968)[2.]
BIRTH RATE		47.9 (1960-65)[1.]	43.1 (1968 est.)[2.]
DEATH RATE		14-16 (1960-65)[1.]	9.1 (1968 est.)[2.]
INFANT MORTALITY RATE		63.1 (1960-65)[1.]	58.9 (1968 est.)[2.]
WOMEN IN FERTILE AGE GROUP[2.]			682,333 (1968 est.)
POPULATION UNDER 15[2.]			45.5% (1968)
URBAN POPULATION[2.]			40% (1968)
GNP PER CAPITA[2.]		US$231	US$285 (1968)
GNP PER CAPITA GROWTH RATE[3.]			0.7% (1966-67)
POPULATION PER DOCTOR[4.]			4,700 (1963)
POPULATION PER HOSPITAL BED[4.]			435 (1963)

Sources. See Bibliography.

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I. GENERAL BACKGROUND

With one of the highest population growth rates in Central and South America and a subsequently high population density of 166 persons per square kilometre (1968), El Salvador faces severe pressure of population on available resources. One solution has been emigration to neighbouring Honduras which is larger and relatively underpopulated. But friction over the status of the emigrants, estimated at 300,000, led to the outbreak of undeclared war in 1969.

The population is predominantly rural with low health and literacy levels. This, plus the fact that many are poorly educated, technically unskilled and socially conservative, has been an obstacle to the implementation of plans for national industrial development. Such development is one of the aims of the Central American Common Market of which El Salvador is a member.

Ethnic

A high percentage of the population is mestizo: 85% mestizo, 10% white and 5% indian.

Language

Spanish.

Religion

The population is mainly Roman Catholic; the Pentecostal, Baptist, and Evangelical churches also have congregations.

Economy

Resource ownership is concentrated in the hands of a minority; it is estimated that 8% of the population receive approximately 50% of total income. The economy is based on agricultural activity, coffee being the main crop and chief export. Tourism, under the supervision of the Ministry of the Economy, is developing as an income earner; industrial growth is slow as hydro-electricity is the only available power source. Commercial fisheries are expanding.

Communications/Education

The road and rail networks are well developed and international air services are being expanded. There are 9 newspapers and 8 other journals, 56 radio and 2 television stations. Radio reception is wide in both urban and rural areas, with the use of transistors and with the extension of rural electrification.

Education is compulsory between the ages of 7 and 14 years. There are many private (usually Catholic) as well as public (state) schools. The Autonomous University of El Salvador has over 4,000 students.

Medical/Social Welfare

The Instituto Salvadoreño del Seguro Social administers social insurance benefits and services, these being financed by employees', employers', and state contributions. Despite a shortage of trained medical staff, medical services are being extended to rural areas. There are over 50 rural health clinics as well as a mobile rural health unit programme, organized on a self-help basis. The military have also organized mobile unit health services.

II. FAMILY PLANNING SITUATION

The Asociación Demográfica Salvadoreña, (ADS), the private family planning association, provides services in cooperation with the Government Public Health Service and the Instituto Salvadoreno del Seguro Social (ISSS). Many private clinics are held on public premises and the ADS contributes to the staffing and provision of contraceptives in public clinics.

Attitudes

The Government recognized the urgency of the demographic problem in its National Five Year Plan, 1965-1969, in which there were chapters on the demographic and social situation, and on population, employment and human resources. Although it acknowledged the important problems of high population density and of a growing dependence ratio, the Government took no positive action.

Government interest in family planning developed after 1966, and in 1968 it began to integrate it into its Mother and Child Service under the Ministry of Public Health. No official declaration on family planning has been made.

The ADS receives support from the protestant church groups and has established a working relationship with the Roman Catholic Church. A number of joint meetings have been held on topics related to family planning, and the Church tacitly accepts the activities of the ADS and of the Government. Among most other sectors of the public, opinion is favourable although a division persists in the University.

Legislation

There are restrictions on the import and sale of contraceptives but they are on sale as "health measures".

Family Planning Association

The ADS was organized in 1962 by a small group interested in national socio-economic problems, and the following year it received legal recognition. Its aims, as stated in its statute, include the promotion of demographic and sociological studies, the encouragement of marriage and of sex education, the prevention of abortion, and the establishment of clinics to give medical advice on fertility and infertility problems.

Early activities concentrated on promotion and organization. Then a small pilot project was set up to insert IUDs, supported financially by the Pathfinder Fund and approved by the Faculty of Medicine. The project's success, and the growing demand for contraceptive services, led to an expansion of the Association's activities to include the provision of clinic services on a regular basis. National staff were sent abroad for training and financial aid was requested from the IPPF.

The first clinics were established early in 1966 in San Salvador and in two other important cities, Santa Ana and San Miguel. By the end of the year, local funds and a USAID donation had helped increase financial resources, and a total of 16 clinics were in operation, the majority in private premises. They provided free gynaecological, contraceptive and information services.

By June 1969 the ADS was operating 31 clinics. Several had been handed over to the Government as part of the plan to coordinate Government and private activities. The ADS is an associate member of the IPPF.

Address

Asociación Demográfica Salvadoreña,
19a, Avenida Sur No. 155,
Apartado Postal 1338,
San Salvador,
El Salvador.

Personnel

President:	Dr. Angel Quan
General Administrator:	Sr. Mario Raúl Calderón
Programme Coordinator:	Sra. Querubina H. de Paredes

Services

During 1968[5.], 13 new clinics were opened and by the end of the year 32 were in operation. Two had been handed over to the Ministry of Public Health. They provided family planning information and contraceptives, gynaecological examinations and cancer detection services. A total of 37,920 consultations was given, of which 12,045 were new and 25,875 were follow-up patients. 73% of the total chose the IUD as a contraceptive method and 27% chose orals.

In the period January to June 1969, the ADS gave 40,457 consultations in its 31 clinics; 5,768 were new patients, 12,317 were follow-up visits, and 22,372 were patients receiving orals from a nurse.

By 1969, many clinics were being held on Government premises. The ADS acquired the support and financial cooperation of a few factories, for the provision of family planning education and services for their employees.

In 1970, more clinics were handed over to the Government and this is to continue in 1971. The ADS budget covers the operation of 8 clinics in 1971.[6.]

Education/Information

Parallel to the initiation of clinic services in 1966, the ADS organized a wider-reaching and active information and education programme, based on personal contact communication and on the distribution of motivational literature. During the next few years a series of talks were held on family planning and related topics, organized by a small part- and full-time staff of social workers. A Committee of Communication and Education has been recently established to supervise all work in this field, including the running of a library at the headquarters of the ADS.

The talks and other activities were aimed at various sectors of the public, including trade union members, community organizers, industrial and commercial workers, Government officials, clinic patients and maternity hospital patients.

In 1969 the Association decided to hold a mass media campaign. It planned to take advantage of the fact that radio services cover 90% of the country, and that in the urban areas 96% of the population have access to a radio or television. A three month campaign, entitled PATER, was launched in September 1969 with great success. Through radio and television spots, newspaper advertisements, seminars, and town meetings, the theme of responsible parenthood was given continuous publicity. The campaign's message was "Don't have children you cannot be a father to" - and its initials represent "Padre" - father - "Alimentación" - food - "Techo" - roof - "Educación"- education - "Religion" - religion. To reenforce the campaign the ADS published a new monthly bulletin, also called PATER.

The success of PATER stimulated active discussion in the press, and won support not just for the struggle against irresponsible parenthood and the resulting social problems of broken, fatherless homes and of illegitimacy, but also for the need for responsible demographic action. The campaign was continued in 1970.

Sex Education

In September 1968 the ADS organized its first sex education course, for boys from 12 to 18 years. It served as a pilot project for assessing the attitudes of parents and adolescents towards this form of education. As a result, the Association decided to continue to hold the courses, and two members of staff attended a Sex Education Seminar in Chile to study organizational and methodological techniques.

Talks have been held with the Ministry of Education on the possible introduction of sex education into the school syllabus.

Training

In 1967 the ADS set up a Regional Training Centre for Central America and Panamá, with economic and technical assistance from the Population Council and from USAID. Courses are run in coordination with the University of El Salvador.

Twelve one-week courses are given a year, including regional courses for medical and paramedical staff, courses for nurses the majority of whom are from El Salvador, and workshops for teachers, evangelical ministers, and labour leaders. The topics studied are population, reproduction physiology and family planning. The number of participants is growing; in 1968 they totalled 290, and from January to June 1969, 267. Of these, 167 were from El Salvador, 2 from Costa Rica, 22 from Guatemala, 22 from Honduras, 28 from Nicaragua, and 26 from Panamá.

Plans

1. The PATER campaign is to continue in 1971 and will be complemented by field activities by social workers.
2. Clinics will continue to be transferred to the Government; the ADS has budgeted to run 8 clinics of its own in 1971.

Government

History

After 1966 the Government took positive action to tackle the population problem. It sent official representatives to International Conferences on population and on family planning, sponsored fellows participating in family planning training courses at home and abroad, and allowed the ADS to use public facilities for clinic work. In 1968, the Government decided to integrate family planning services into the national Mother and Child Services of the Ministry of Public Health, and a clearly defined relationship was developed with the ADS on the coordination of services and the use of resources.

Although the Government does not have an official population policy, yet it is expanding its family planning services and has set up a Commission of Ministers of State to study the problem.

Services

In April 1968 the Ministry of Public Health initiated a pilot family planning project. In the area selected, the central provinces of La Paz, Cabañas, San Vicente, and Cuscatlán, 25 Health Centres and Units offered advice, information and medical attention to the mothers requesting them. In November 1968, the ISSS also organized its first family planning clinic for its beneficiaries.

By June 1969, public services had expanded to 51 clinics run by the Ministry of Public Health, and 5 run by the ISSS. The ADS contributes to the staffing and provision of contraceptive materials in these clinics. In the period January to June 1969, the following patients were served:[2]

New Patients

	IUD	Orals	Others	Total
Public Health	898	2,341	15	3,254
ISSS	-	1,272	86	1,358
TOTAL	898	3,613	101	4,612

Follow-up visits

	IUD	Orals	Others	Total
Public Health	860	2,031	20	2,911
ISSS	187	157	31	375
TOTAL	1,047	2,188	51	3,286

Orals prescribed by nurses

Public Health	9,441
ISSS	3,194
TOTAL	12,635

Cytological Tests

Public Health	3,259
ISSS	1,518
TOTAL	4,777

By the end of 1970, the clinics of the Ministry of Public Health and of the ISSS were together serving a total number of patients higher than the number registered with the ADS.

Training

All doctors, and other medical and paremedical personnel who are to work in Government clinics, attend the family planning training course at the Regional Training Centre.

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Situation Report

Distribution LIMITED

Country REPUBLIC OF KOREA Date MARCH, 1971.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			98,477 sq.km.
TOTAL POPULATION		24,696,000	32,500,000 (1970)*
POPULATION GROWTH RATE		2.9%	1.9% (1970)*
BIRTH RATE	45	44.7	29 per 1,000 (1970)*
DEATH RATE		16	10 per 1,000 (1970)*
INFANT MORTALITY RATE			60 per 1,000 (1970)*
WOMEN IN FERTILE AGE GROUP (20-44 YRS.)			4,000,000 (1970)*
POPULATION UNDER 15			42% (1970)*
URBAN POPULATION			40%+ (1970)*
GNP PER CAPITA	$121 (1958)	$126 (1963)	$200 (1970)
GNP PER CAPITA GROWTH RATE			3.6% (1961 - 1968)
POPULATION PER DOCTOR	4,500	3,000	2,300 (1969)
POPULATION PER HOSPITAL BED		2,656 (1962)	2,000 (1969)

* October 1970 National Census results.

GENERAL BACKGROUND

The Republic of Korea is administratively divided into 9 provinces and 2 special cities, Seoul and Pusan. The capital is Seoul with a population of 5,500,000 and a growth rate of about 7%. Pusan, (pop. 2,000,000) and Tague (pop. 1,000,000), are the major cities. Population density in 1970 was 320 people per square km. The problem of density is still more acute, however, because only 1/5 of the land is arable and because of rapid urbanization. The total number of households in 1970 was 5.9 million, with an average household size of 5.4 members.

Ethnic

Korean - there are no significant minority groups.

Language

Korean.

Religion

About 12% of Koreans declare a religion and about half of these are Christian and half Buddhist or Confucianist. The influence of Buddism and Confucianism, however, are great in shaping the social attitudes of the general population. The tradition of large families and the preference for sons is strongly entrenched in the Korean social fabric and only the idea of large families is losing importance due in part to the experiences of the Korean War, and the desire for economic prosperity of each family -- a measure of the rapid development of the country. There is no strong religious opposition to family planning.

Economy

Of the population 15 years of age and over, 55% are economically active. From 1963 to 1967 the number of people working in primary industries (agriculture, forestry) decreased from 63% of the economically active population to 55%. The main agricultural products are rice, wheat and barley. Korea's principal trade is with the USA and Japan (rubber goods, plywood, textiles, toys). The number working in tertiary industry (service, transportation, commerce and government) has increased to 30% of the economically active population.

Communication/Education

Education between 6 and 12 is both free and compulsory, and it is planned to extend compulsory education to age 15. Already examinations for entrance to middle school have been eliminated. The school enrollment is 95%. There are over 6,000 elementary schools, 1608 middle schools, 889 high schools, 68 colleges and universities, and hundreds of institutes of further education and training. The literacy rate according to the 1966 census was 93% for males and 78% for females, and was substantially achieved through adult education programs after World War II.

The Republic of Korea has fairly extensive roads and railways. International shipping lines serve the major ports of Inchon and Pusan, and the Seoul (Kimpo) International airport handles frequent domestic and international flights.

There are many radio stations broadcasting in Korean. In 1970 there were 2,600,000 radio receivers and 230,000 T.V. sets with a combined daily audience of more than 16 million. There are 43 Daily Newspapers with combined circulation of over $2\frac{1}{2}$ million.

Medical

Life expectancy at birth for those born in the 1960's is 55-60 years.

The Government provides social relief service to handicapped war veterans and war widows. Special grants or subsidies are also given to the aged, orphans and disaster victims by numerous official and voluntary bodies.

FAMILY PLANNING SITUATION

The Korean Government has carried out a national family planning programme since 1962 in co-operation with the Planned Parenthood Federation of Korea (PPFK) and some of the larger universities. In 1970 one third of all married couples were using contraceptives, most commonly the loop.

PPFK, with a permanent staff of 45, has been able to implement the information/education program. It was formerly responsible for training necessary to support the government effort, continues to initiate pilot research and projects, and acts as a channel for foreign assistance towards research and evaluation activities.

History

The PPFK was founded in 1961 as a private, voluntary association by young university professors, physicians, educators and government officials to act as a pressure group in persuading the government to implement a family planning programme. This was achieved within a year. Since then the PPFK has acted to support and supplement the government programme while drawing attention to programme weaknesses and initiating new projects. The PPFK receives most of its revenue from foreign donor agencies and 10% of its budget comes from the Korean government.

Attitudes

The government considers family planning to be of primary importance to the future economic development of the country.

In the 1968 KAP Survey it was found that half of married women want no more children. The majority of women using family planning are interested in limiting their family size rather than in spacing of children, since natural birth intervals are reasonably long due to the prevalence of lactation.

Legislation

The law prohibiting the importation of contraceptives was repealed in 1961. An MCH law which included a provision to liberalize the existing status prohibiting abortion was introduced in 1970 but failed. It will be debated again in 1971. Meanwhile there is a high incidence of abortion.

IPPF SITUATION REPORT REPUBLIC OF KOREA MARCH, 1971. (4)

Family Planning Association IPPF Member (1961)

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Hon. President	Prof. Tal Young Yu
President	Dr. Jae Mo Yang
Vice-President	Rev. Hyang Rok Cho
	Mr. Jong Jik Kim
	Mrs. Sin Sil Kim
Chairman, Board of Trustees	Dr. Chong Chin Lee
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Field Division	Mr. Carp Pyo Hong
Information and Publication	Mr. Eul Byung Chung
General Affairs	Mr. Suk Chun Yun
Chief, Seoul Office	Col. Shi Tae Kim (ret.)

Services

Methods available include IUD, vasectomy, orals and traditional methods. All types of contraceptives are manufactured locally and Korea recently began the export of contraceptives primarily to other Asian countries. The IUD program began in 1964. The oral pill program introduced in 1968 was made possible by a general grant of oral contraceptives from SIDA. There are now about 200,000 regular users in the pill programme and another 150,000 women are privately buying orals. All family planning services in Korea are free except pills, for which there is a 10 cent charge per cycle. Doctors receive $1.20 for IUD insertions and vasectomy fees are also paid by the government. In addition, each vasectomy patient receives a $3.00 loss of time compensation. In rural areas there is one assistant field worker for every 16,000 eligible couples, and one per 24,000 couples in urban areas. The National Programme has over 2,000 workers in 192 health centers and township sub-centers and some 1,700 doctors trained in IUD or vasectomy techniques. There are 179 health and family planning vehicles including 10 mobile units. The PPFK operates one mobile unit and 13 demonstration clinics.

Programme statistics and commercial sales imply that roughly 1.3 million couples were using contraceptives as of 1970.

650,000	IUD users
120,000	Vasectomies (including carryover)
360,000	Orals
150,000	Traditional methods (condom etc.)

Despite the apparent popularity of the IUD, follow-up surveys have shown the following:

1. The cumulative drop-out rate after one year is 45%
2. More than half the loops were removed by the same doctors who inserted them.
3. Of the IUD drop-outs becoming pregnant later, about half abort.

The rate of discontinuance of the pill is thought to be 50% within 8 months, followed after by periods of irregular use.

Information/Education

A Seoul National University study showed that radio, newspaper and magazine were the most frequent sources of information about family planning. The PPFK organizes frequent seminars and discussions and has regular exposure in both the broadcasting network and in the press. Other activities include the production of films, family life literature and lecture programs to university students, factory workers, and pre-marriage guidance classes. The PPFK publicity program concentrates on information rather than on persuasion. Thanks to the literacy rate, full use can be made of the mass media for spreading of information. A KAP survey in 1967 showed that the practice of family planning is correlated with exposure to mass media. In 1962 only 11% of those interviewed had heard of family planning, while 5% or so were then practicing family planning. By 1964, knowledge had increased to 71% and by 1967 to 89%.

Sex Education

Girls receive sex education beginning in the sixth grade in related health courses. The government is now seeking ways to improve population education in the school system. The PPFK is interested in having sex education introduced into middle and high schools.

Training

The training programme is the responsibility of the National Family Planning Center (opened, July 1970). Courses are held at the Center and in designated other locations as the training warrents (provincial training center, demonstration clinic) programs vary from one day to a month in length. Family planning is included on the curriculum of a few of the medical schools. In the last year a total of 1,627 persons attended PPFK seminars, 18,200 met in county level rallies, and 440 persons received formal family planning training.

Plans

The National Family Planning Program works on a target system such that governmental administrative units are responsible for specified achievement levels. The goal for 1971 of 2% growth rate has already been exceeded in 1970. The early returns on the 1970 census indicate a growth rate on 1.9% which puts the program even closer to the 1976 target of 1.5%. It is important to bear in mind, however, that Korea faces a baby boom beginning in 1976 which will call for particularly diligent efforts if the 1.5% rate is to be maintained. Other plans call for expansion into factories and heavily crowded urban districts as well as looking to the rural Mothers' Classes to grow into indigenous community organization structures to promote family planning and community welfare.

Government

The Korean Government was one of the first in the world to establish a national family planning programme. A family planning policy was adopted in 1962. Prominent Government personnel in the field of family planning include:

Minister of Health and Social Affairs	Mr. Tae Dong Kim
Director of the Family Planning Center	Dr. Taek Il Kim
Chief of the Family Planning Section, MHSA	Dr. Tae Woo Han

Others

SIDA assisted in establishing the National Family Planning Center. Its functions are: pre and in-service courses for family planning and related health workers, evaluation and research activities, and provision of field training experience for foreigners. SIDA had donated more than 5 million orals by the end of this year. It has also supplied 8 large mobile units, and 30 land rovers.

US/AID is supplying full scale support including 15 large vehicles and 50 jeeps.

The Population Council has played a major role in financing, advising, evaluating and reporting on the family planning programme in Korea. Its grant to the PPFK in 1970 was more than $300,000.

Yonsei and Seoul National Universities have played a major role in research, clinical tests, and evaluation, carrying out studies such as the Koyang, Kimpo, and Sung Dong studies, to compare the effectiveness of high and low intensity programmes.

OXFAM have donated a mobile unit, and helped to finance research projects.

Pathfinder Fund, and the Asia Foundation have also given aid to Korea.

Research

There are many research projects being carried out at present in Korea. All contraceptive methods are subject to compulsory clinical tests before receiving Government approval, and contraceptives still in the experimental stage are receiving trial in Korea - - including injectable Depo-provera and DDK. Other research being conducted involve studies of abortion and vasectomy, and socio-demographic studies of urban and rural family planning, as well as continuing National KAP, fertility and migration studies.

Summary

The considerable drop in the growth rate since 1961 has been due to three major factors: the increased age at first marriage of women (average 23) - - due to compulsory military service among all males, increased urbanization and economic development, and the emergence of young women in the job market; - - induced abortion, still illegal but wide-spread in urban areas and increasing in rural areas; and the efforts of the national government and private institutions in promoting family planning and family planning services. The program has enjoyed most of its success in rural areas with women who already have children. The challenge for the future will be in bringing the program successfully to the urban areas and to young people growing up in a society with rapidly changing values.

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Situation Report

Distribution LIMITED

Country SOUTH AFRICA Date APRIL, 1971.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839 -2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			1,221,037 sq.kms.
TOTAL POPULATION	12,458,000	15,925,000	21,300,000 (1970)*
POPULATION GROWTH RATE			2.4% (1963-69)
BIRTH RATE			40 per 1000 (1969)
DEATH RATE			16 per 1000 (1969)
WOMEN IN FERTILE AGE GROUP (15-44 YRS.)			4,200,000 (1970)*
POPULATION UNDER 15			40% (1968)
URBAN POPULATION			36.4% (1970)
GNP PER CAPITA			US$650 (1968)
GNP PER CAPITA GROWTH RATE			3.7% (1961-68)
POPULATION PER DOCTOR			1900 (1966)
POPULATION PER HOSPITAL BED			180 (1963)

* Local estimate

GENERAL BACKGROUND

The Republic of South Africa follows a policy of apartheid, the seperate development of racial groups. About 12% of the land has been set aside, in non contiguous areas, as Bantustans or areas which can develop into'independent' African states. The Transkei (1.5 million) was the first of these to be granted limited internal independence in 1963. South Africa administers the territory of South West Africa (Namibia).

The latest census was held in March 1970. Urban areas are growing at 3.5% per year (there is strict legislation governing residence and movement of Bantu people to urban areas is limited). The administrative capital is Pretoria (493,000), legislative capital is Cape Town (626,000) and judicial capital is Bloemfontein (146,000). There are eight other cities with populations over 100,000, including Johannesburg (1,365,000).

Ethnic Groups

70% Bantu, 18% Whites, 9% Mixed (coloured), 3% Asian.

Language

Afrikaans and English are the official languages. The main African languages are Xhosa, Zulu and Sotho.

Religion

55% of the white population belong to the Dutch Reformed Church, most of the rest are either Anglicans or Methodists. About 20% of Bantus belong to Bantu Seperatist Christian Churches. There are minorities of Roman Catholics and Hindus.

Economy

The population is employed 30% in agriculture, 12% manufacturing,11% mining. The most important exports include gold, copper, tin and diamonds; wool, maize, sugar and groundnuts; and manufactured goods. The economy has been growing at about 6% per year and manufactures now account for the largest percentage of national income.

Communications/Education

Daily newspaper copies/1000: 45 (1966)
Commercial cinema seats/1000: 18.6 (1970)
Radio sets/1000: 200 (1970)
There is no television service.
Railroads, roads and internal air services are well developed.

Schooling is compulsory for whites, and for coloureds in Natal and Cape Province. About four out of five Bantu attend school at some time although it is not compulsory. Bantu education is in their own language (Zulu, Xhosa etc.) and the curriculum is limited. There are 15 universities and 13 technical colleges.

Medical/Social

Medical services are administered by the Provinces and reach a high standard. There are five medical schools. There are state welfare services for the old, the blind, the unemployed. Infant mortality is 21.7 per 1000 for whites; 134.8 per 1000 for non whites.

FAMILY PLANNING SITUATION

The Family Planning Association of South Africa has branches in 5 areas and run 141 clinics during 1969. There is also an association in the Transkei. Local government authorities run family planning clinics, some of which were originally established by the FPA and some are part of regular maternal and child health services. The FPA is entirely funded from local sources; national and local government grants, donations, and sales of contraceptives and services.

The FPA was founded in 1932 and received its first grant from the Government in 1966 when family planning began to be offered by local health authorities as part of routine services. The government grant is divided between the 5 regional associations. Almost 100 clinics opened by the FPA have been handed over to be run by local authorities. The National Council of the FPA, with headquarters in Johannesburg is the coordinating body for the five affiliated regional associations.

Legislation

There is no anti contraceptive legislation.

Family Planning Association

Address

Family Planning Association of South Africa,
Merlen House,
49 Simmonds Street,
Johannesburg.

Personnel

President: Dr. E. Hammar
National Executive Secretary: Mrs. P. Assoun

Services

There are 5 branch associations, one each in East Cape, Natal, Orange Free State, Transvaal and Western Cape. In addition there is an association in the 'independent' Bantu state of Transkei. The Association opens and runs clinics and at the same time hands over established clinics to local authorities. In 1969 clinic figures were:

	No. clinics	New Patients	Total New & Old Patients
East Cape	13	452	3963
Natal	36	10888	46162
Orange Free State	4	933	1440
Transvaal	25	9553	20225
Western Cape	63	1628	4581
Total	141	23454	76371

The oral pill is by far the most popular method. The Association also provides cytology and infertility services.

In the Transkei the one clinic, opened January 1969, in Umtata is served by one nurse, one fieldworker and a part-time doctor. There were 1714 patients, mostly on orals in 1969. The Transkei association receives funds and supplies from the FPA of South Africa.

Education/Information

The Association produces its own posters and leaflets in local languages and advertises in the press. Health educators and fieldworkers do house to house visits, speak to groups and give film shows. Word of mouth is considered the most important sources of new acceptors.

Training

The FPA runs one week training courses for fieldworkers. Each of the five branches train personnel both for their own and government clinics. Some of the medical schools include family planning in their curriculum.